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FAX TRANSMISSION**DATE:** August 20, 2009**PTO IDENTIFIER:** Application Number 10/566,883-Conf. #9965
Patent Number**Inventor:** Shogo Marui et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** EDWARDS ANGELL PALMER & DODGE LLP
Dwight D. Kim, Ph.D.**PHONE:** (617) 517-5588**Attorney Dkt. #:** 64788(70820)**PAGES (Including Cover Sheet):** 20**CONTENTS:** Fee Transmittal Form (1 page)
Transmittal (1 page)
Three Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)
Amendment in Response to Non-Final Office Action (15 pages)
Certificate of Transmission (1 page)
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PTO/SB/97 (09-04)

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Application No. (if known): 10/566,883

Attorney Docket No.: 64788(70820)

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Fax Cover Sheet (1 page)
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/566,883-Conf. #9985
	Filing Date	May 15, 2008
	First Named Inventor	Shogo Marui
	Art Unit	1624
	Examiner Name	B. Kifle
Total Number of Pages in This Submission	Attorney Docket Number 64788(70820)	

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Fax Cover Sheet Certificate of Transmission
Remarks		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	EDWARDS ANGELL PALMER & DODGE LLP	
Signature		
Printed name	Dwight D. Kim, Ph.D.	
Date	August 20, 2009	Reg. No. 57,665

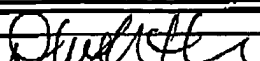
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PTO/SB/17 (10-08)

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<small>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2008 (H.R. 4818).</small> FEE TRANSMITTAL For FY 2009		Complete if Known					
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/566,883-Conf. #9965				
		Filing Date	May 15, 2008				
		First Named Inventor	Shogo Marui				
		Examiner Name	B. Kifle				
		Art Unit	1624				
		Attorney Docket No.	64788(70820)				
TOTAL AMOUNT OF PAYMENT		(\$)	1,110.00				
METHOD OF PAYMENT (check all that apply)							
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____							
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>04-1105</u> Deposit Account Name: <u>Edwards Angell Palmer & Dodge LLP</u>							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee							
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments							
FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description	Fee (\$)	Small Entity Fee (\$)					
Each claim over 20 (including Reissues)	52	26					
Each independent claim over 3 (including Reissues)	220	110					
Multiple dependent claims	390	195					
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)	
38	- 38 or HP	x					
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)				
4	- 4 or HP	x					
3. APPLICATION SIZE FEE							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)			
	- 100 =	/50 =	(round up to a whole number) x				
4. OTHER FEE(S)							
	Fees Paid (\$)						
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1253 Extension for response within third month	1,110.00						
SUBMITTED BY							
Signature	Registration No. (Attorney/Agent)	Telephone					
	57,665	(617) 517-5388					
Name (Print/Type)	Date						
Dwight D. Koo, Ph.D.	August 20, 2009						

BOS2 752526.1